

HARTFORD SCHOOL DISTRICT

73 Highland Avenue
White River Jct., VT 05001

SUBSTITUTE TEACHER APPLICATION

For the position of _____
Indicate preferred grade(s), or if high school, subject(s)

APPLICATION OF:

M _____

Present address _____

Until _____ 20 _____ Phone _____

Permanent address _____

Phone _____

APPLICATION CONTENT:

Complete this form and attach the following documents as ordered below. Sections 4 & 5 are only required for candidates interested in long-term positions (20 days or more). Please note that by law, unlicensed persons may substitute for a maximum of 30 days per teacher absence.

1. Resume
2. Three letters of reference (1 from your most recent employer)
3. VCIC waiver form and fingerprints (applicant is responsible for all applicable fees)
4. College transcripts
5. Evidence of eligibility for Vermont certification, if you are certified.

Note: The applicant should exercise great care in preparing this application.

Upon actual employment, you will be required to submit a W-4, I-9, and VCIC waiver form and fingerprints prior to being paid. Please see your building administrator or call the Superintendent's Office.

Should it be necessary, I _____, release the Hartford School District to request of law enforcement agencies information regarding any of my records. Furthermore, I understand that my signature below certifies that I have never been convicted of any felony.

Have you ever been convicted of a crime? _____ Yes _____ No.
If yes, please specify: _____

Dishonesty and/or falsification of this application may be grounds for future dismissal, at the employers discretion.

Signature of Applicant Date

EQUAL OPPORTUNITY EMPLOYER